

APPLICATION FOR APPROVAL TO RECEIVE  
A REFUND OF TAX ON MOTOR FUELS  
CONSUMED BY  
CITY AND SUBURBAN BUSES, NONPROFIT BUSES,  
SENIOR CITIZEN TRANSPORTATION, AND TAXICABS

Must be accompanied by  
corporate surety bond.  
(Form 72A071)

Name \_\_\_\_\_ DBA \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone Number (include Area Code) (\_\_\_\_) \_\_\_\_\_

Federal Employer Id Number \_\_\_\_ – \_\_\_\_

Indicate the type of organization:    ☐ city and suburban bus company                      ☐ nonprofit bus company  
   ☐ senior citizen transportation organization                      ☐ taxicab company

Number as shown on certificate for taxicabs (if applicable) \_\_\_\_\_

Number of vehicles operated \_\_\_\_\_

Does your group utilize Title III funds of the Older Americans Act in the provision of transportation services?    ☐ Yes    ☐ No

Address at which records are available for audit: Number and Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Number of gallons of motor fuels used in previous 12-month period \_\_\_\_\_

Does your company have bulk storage facilities?    ☐ Yes    ☐ No

City of operation \_\_\_\_\_

Have you ever had any license suspended or revoked which had been issued to you by the Commonwealth of Kentucky?

☐ Yes    ☐ No    *If answer is yes, attach a detailed explanation.*

Indicate the type of ownership:    ☐ Individual                      ☐ Partnership                      ☐ Corporation  
   ☐ Limited Liability Corporation    ☐ Limited Liability Partnership  
   ☐ Other (describe) \_\_\_\_\_

List names and addresses of partners or principal officers of corporation.

Name	Title	Address	FEIN or SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I declare under penalties of perjury that this application is made in good faith, and the answers given to the questions are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant                      Print Name                      Title                      Date of Application

